

Application Data Sheet

Application Information

Application type::	National Phase
Subject matter::	Utility
CD-ROM or CD-R::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	Yes
Computer readable form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	Expression System for the B Subunit of Cholera Toxin
Attorney docket number::	CARL3006/REF
Request for early publication?::	No
Request for non-publication?::	No
Suggested drawing figure::	
Total drawing sheets::	15
Small entity?::	Yes

Applicant Information

Applicant authority type::	Inventor
Primary citizenship country::	Sweden
Status:	Full capacity
Given name::	Nils
Middle name::	
Family name::	CARLIN
Name suffix::	
City of Residence::	HÄSSELBY
State or province of residence::	
Country of residence::	Sweden

Street of mailing address:: Stallknechtsgränd 14
City of mailing address:: Hässelby
State or province of mailing address::
Country of mailing address:: Sweden
Postal or zip code of mailing address:: SE-165 57

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Great Britain
Status: Full capacity
Given name:: Michael
Middle name::
Family name:: LEBENS
Name suffix::

City of Residence:: GÖTEBORG
State or province of residence::
Country of residence:: Sweden
Street of mailing address:: P.O. Box 435
City of mailing address:: Göteborg
State or province of mailing address::
Country of mailing address:: Sweden
Postal or zip code of mailing address:: SE-405 30

Correspondence Information

Correspondence customer number:: 23364
Phone number:: 703-683-0500
Fax number:: 703-683-1080
E-mail address:: rfichter@baconthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/SE2004/001 571	October 29, 2004
Claims benefit of			

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::
Great Britain	0325494.3	October 31, 2003	Yes

Assignee Information

Assignee name:: SBL Vaccin AB
Street of mailing address:: Lundagatan 2
City of mailing address:: Stockholm
State or province of mailing address::
Country of mailing address:: Sweden
Postal or zip code of mailing address:: SE-105 21